

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project:	Postmark:	Date Received:	Notification: 1
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: MTA – NEW YORK CITY TRANSIT AUTHORITY			
ADDRESS: 2 BROADWAY			
CITY: MANHATTAN	STATE: NY	ZIP CODE: 10004	
CONTACT: MR. JULIUS CARTY		PHONE: (646) 252-5799	
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.			
ADDRESS: 160 CLAY STREET			
CITY: BROOKLYN	STATE: NY	ZIP CODE: 11222	
CONTACT: MR. RICHIE SMITH		PHONE: (718) 706-6300	
OTHER OPERATOR: NOT APPLICABLE			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT:		PHONE:	
III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) O			
IV. IS ASBESTOS PRESENT? (yes/no) YES			
V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):			
BLDG. NAME: LaGUARDIA BUS DEPOT			
ADDRESS: 85-01 24TH AVENUE			
CITY: FLUSHING	STATE: NY	COUNTY: QUEENS	
SITE LOCATION: METHANOL BUILDING – ROOF LEVEL			
BUILDING SIZE	SQ METERS:	SQ FT: 5,400	#OF FLOORS: 1 AGE IN YEARS: 58
PRESENT USE: BUS DEPOT		PRIOR USE: BUS DEPOT	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:			
SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM To Be Removed	Non-friable Asbestos Materials To Be Removed: Category I Category II	
PIPES – LINEAR FEET			
PIPES – LINEAR METERS			
SURFACE AREA – SQUARE FEET		219 SF	
SURFACE AREA – SQUARE METERS			
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET			
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 9/21/2016		COMPLETION: 10/31/2016	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: TBD		COMPLETION: TBD	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

THIS ASBESTOS ABATEMENT PROJECT WILL BE DONE IN ACCORDANCE WITH THE APPLICABLE NEW YORK STATE INDUSTRIAL CODE RULE #56 AND NYCTA SYSTEM WIDE VARIANCE # 16-0818.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS AND MTA NYCTA SWV#16-0818.

XII. WASTE TRANSPORTER #1**WASTE TRANSPORTER #2**

NAME: TRI-STATE TRANSFER ASSOC., INC.

NAME: ETS CONTRACTING, INC..

ADDRESS: 1199 RANDALL AVENUE

ADDRESS: 160 CLAY STREET

CITY: BRONX STATE: NY ZIP CODE: 10474

CITY: BROOKLYN STATE: NY ZIP CODE: 11222

CONTACT: JIMMY BYRNE PHONE: (718) 617-0771

CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE

NAME: MINERVA ENTERPRISES, INC.

LOCATION: 9000 MINERVA ROAD

CITY: WAYNESBURG, OHIO 44688

PHONE: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: NOT APPLICABLE

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:

ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

RICHIE SMITH, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

9/7/16

Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

RICHIE SMITH, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

9/7/16

Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 9/7/2016

Re: MTA – LAGUARDIA BUS DEPOT - 85-01 24TH
AVENUE, FLUSHING, NY – METHANOL
BUILDING – ROOF LEVEL

Job #
4727/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	9/7/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
**CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED
ENVELOPE TO OUR OFFICE.**

Copies To: File

Prepared By: *Renata D. Buczek*

Sent Via: ☐ Hand Delivered ☐ Over Night FedEx
☒ U.S. Mail

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project:	Postmark:	Date Received:	Notification: 1
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: NORTHWELL HEALTH			
ADDRESS: 600 COMMUNITY DRIVE, SUITE 202			
CITY: MANHASSET	STATE: NY	ZIP CODE: 11030	
CONTACT: ANGEL LOPEZ		PHONE: (516) 398-9870	
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.			
ADDRESS: 160 CLAY STREET			
CITY: BROOKLYN	STATE: NY	ZIP CODE: 11222	
CONTACT: ROBERT MIDDLETON		PHONE: (718) 706-6300	
OTHER OPERATOR: NOT APPLICABLE			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CONTACT:		PHONE:	
III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R			
IV. IS ASBESTOS PRESENT? (yes/no) YES			
V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):			
BLDG. NAME: 410 LAKEVILLE ROAD			
ADDRESS: 410 LAKEVILLE ROAD			
CITY: NEW HYDE PARK	STATE: NY	COUNTY: NASSAU	
SITE LOCATION: GROUND FLOOR – GARAGE STORE ROOMS			
BUILDING SIZE	SQ METERS:	SQ FT: 159,564	#OF FLOORS: 4 AGE IN YEARS: 41
PRESENT USE: HOSPITAL		PRIOR USE: HOSPITAL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:			
SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM To Be Removed	Non-friable Asbestos Materials To Be Removed: Category I Category II	
PIPES – LINEAR FEET			
PIPES – LINEAR METERS			
SURFACE AREA – SQUARE FEET		450 SF	
SURFACE AREA – SQUARE METERS			
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET			
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 9/23/2016		COMPLETION: 9/22/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: TBD		COMPLETION: TBD	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.****XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:****ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.****XII. WASTE TRANSPORTER #1****WASTE TRANSPORTER #2**NAME: **TRI-STATE TRANSFER ASSOC., INC.**

NAME:

ADDRESS: **1199 RANDALL AVENUE**

ADDRESS:

CITY: **BRONX** STATE: **NY** ZIP CODE: **10474**

CITY: STATE: ZIP CODE:

CONTACT: **JIMMY BYRNE** PHONE: **(718) 617-0771**

CONTACT: PHONE:

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITENAME: **MINERVA ENTERPRISES**LOCATION: **900 MINERVA ROAD**CITY: **WAYNESBURG, OHIO 44688**PHONE: **330-866-3435****XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**NAME: **NOT APPLICABLE**

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:**ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.****XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).****ROBERT MIDDLETON, ETS CONTRACTING INC.**
As Representative For The Owner

Signature of Owner/Operator

9/9/2016

Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**ROBERT MIDDLETON, ETS CONTRACTING, INC**
As Representative For The Owner

Signature Of Owner/Operator

9/9/2016

Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 9/9/2016

Re: 410 LAKEVILLE ROAD, NEW HYDE PARK, NY
- GROUND FLOOR - GARAGE STORE ROOMS

Job # 4728/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	9/9/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: *Renata D. Buczek*

Sent Via: ☐ Hand Delivered ☐ Over Night FedEx
☒ U.S. Mail



ETS CONTRACTING, INC.

160 Clay Street, Brooklyn, NY 11222

TELEPHONE 718.706.6300 FAX 718.706.1032

September 8, 2016

US, EPA – AC Branch
Notifications Department
Region 2,
290 Broadway
New York, NY 10007

Re: Asbestos Abatement Project Notification – Amendment #1
800 Third Avenue, New York, NY – Ground Floor

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has been placed on hold. We will notify your department of new start date when it becomes available.

HOLD

All other information remains the same.
Should you have any questions please do not hesitate to call.

Sincerely
ETS Contracting, Inc.

Renata D. Buczek

i:4715 not

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project: Postmark: Date Received: Notification: 1

I. TYPE OF NOTIFICATION (O=Original, R=Revised): O

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: SHORENSTEIN REALTY SERVICES

ADDRESS: 800 THIRD AVENUE

CITY: NEW YORK

STATE: NY

ZIP CODE: 10022

CONTACT: MR. NICHOLAS STEIXNER

PHONE: (212) 888-0935

REMOVAL CONTRACTOR: ETS CONTRACTING, INC.

ADDRESS: 160 CLAY STREET

CITY: BROOKLYN

STATE: NY

ZIP CODE: 11222

CONTACT: ROBERT MIDDLETON

PHONE: (718) 706-6300

OTHER OPERATOR: NOT APPLICABLE

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT:

PHONE:

III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R

IV. IS ASBESTOS PRESENT? (yes/no) YES

V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):

BLDG. NAME: 800 THIRD AVENUE

ADDRESS: 800 THIRD AVENUE

CITY: NEW YORK

STATE: NY

COUNTY: MANHATTAN

SITE LOCATION: GROUND FLOOR LOADING DOCK

BUILDING SIZE SQ METERS:

SQ FT: 624,240

#OF FLOORS: 41 AGE IN YEARS: 43

PRESENT USE: COMMERICAL

PRIOR USE: COMMERICAL

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:

SAMPLING AND ANALYSIS ACCORDING TO EPA APPROVED METHODS.

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

RACM To Be Removed

Non-friable Asbestos Materials To Be Removed:
Category I Category II

PIPES - LINEAR FEET

PIPES - LINEAR METERS

SURFACE AREA - SQUARE FEET

48 SF

SURFACE AREA - SQUARE METERS

VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET

VOLUME RACM OFF FACILITY COMPONENT - CUBIC METERS

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: 9/10/2016

COMPLETION: 9/09/2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START:

COMPLETION:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.

XII. WASTE TRANSPORTER #1

WASTE TRANSPORTER #2

NAME: TRI-STATE TRANSFER ASSOC., INC.

NAME:

ADDRESS: 1199 RANDALL AVENUE

ADDRESS:

CITY: BRONX STATE: NY ZIP CODE: 10474

CITY: STATE: ZIP CODE:

CONTACT: JIMMY BYRNE PHONE: (718) 617-0771

CONTACT: PHONE:

WASTE TRANSPORTER #3

NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

CONTACT: PHONE:

XIII. WASTE DISPOSAL SITE/

NAME: MINERVA ENTER., INC.

LOCATION: 9000 MINERVA ROAD,

CITY: WAYNESBURG, OHIO 46688

PHONE: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: NOT APPLICABLE

TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY):

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:

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ROBERT MIDDLETON, ETS CONTRACTING INC.
As Representative For The Owner

Signature of Owner/Operator

8/22/16
Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

ROBERT MIDDLETON, ETS CONTRACTING, INC
As Representative For The Owner

Signature Of Owner/Operator

8/22/16
Date

ETS Contracting, Inc.
160 Clay Street, Brooklyn, NY 11222
Tel. (718) 706-6300; Fax (718) 706-1032

LETTER OF TRANSMITTAL

To:

US-ENVIRONMENTAL PROTECTION
AGENCY

290 BROADWAY, 21ST FLOOR
REGION 2

NEW YORK, NY 10007

ATTN: ROSALIE SBERNA

Date: 8/22/2016

Re: 800 THIRD AVENUE, NEW YORK, NY –
GROUND FLOOR LOADING DOCK

Job # 4715/16

For Your:

- ☐ Approval
- ☐ Use/Information
- ☒ Record
- ☐ Review/Comment
- ☐ Other

The Following:

- ☐ Samples
- ☐ Drawings/Specifications
- ☐ Close-Out Package
- ☒ Other

ORIG.	DATE	DESCRIPTION
2	8/22/2016	ASBESTOS ABATEMENT PROJECT NOTIFICATION

Action:

- ☐ Sign & Return To Our Office
- ☐ No Action Required
- ☐ Returned For Corrections
- ☒ See Remarks

Remarks:

Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.
CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED
ENVELOPE TO OUR OFFICE.

Copies To: File

Prepared By: *Renata D. Buczek*

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☒ U.S. Mail